STATE of MONTANA

STATE PLAN ON AGING

For the Period

October 1, 2007 through September 30, 2011

Assurance Certification Form

MONTANA

State Plan

For

Older Americans Act, as Amended

The undersigned affirm and give assurances required by Sections 303, 306, and 307 of the Older Americans Act, as amended in 2006.

BRIAN SCHWEITZER, Governor _____ Date

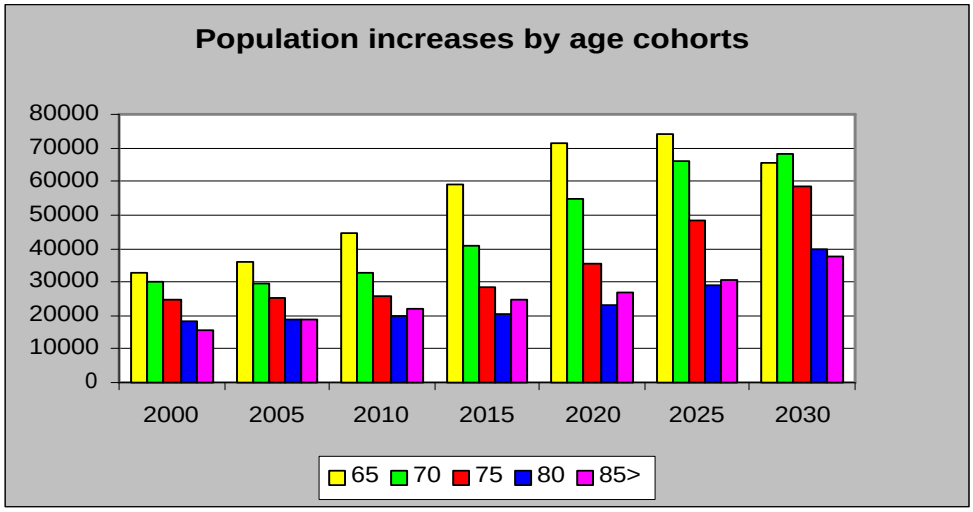
Joan Miles, Director _____ Date

Kelly Williams, Administrator _____ Date

TABLE OF CONTENTS

INTRODUCTION

Montana is aging at a faster rate than most of the other States in the Union. The 2000 U.S. Census showed that Montana's 65 and older population was at 13.4% while the United States is at 12.1%. And the 2003 census projections indicated that by 2030, Montana is expected to rank 3rd in the Nation in the percentage of people over the age of 65 at 25.8%.



The 85 and older age group has been identified as the fastest growing segment of our society. In 2005, the U.S. Census Bureau indicated that Montana's 85 and older population was 1.4% of our population while nationally, the 85 and older group is at 1.3% of the total population.

In the December, 2005 report by the U.S. Department of Commerce entitled: 65 + in the United States: 2005, it states: "According to U.S. Census Bureau projections, a substantial increase in the number of older people will occur when the Baby Boom generation (people born between 1946 and 1964) begins to turn 65 in 2011. The older population is projected to double from 36 million in 2003 to 72 million in 2030, and to increase from 12 percent to 20 percent of the population in the same time frame. By 2050, the older population is projected to number 86.7 million.

In the 1970's, we began to see a shift in the aging of our society but with little concern about our parents and grandparents. In the 1980's, grandma and grandpa were getting older and needed some services and in some cases more services. By the 1990's, we began to realize that mom and dad were aging and that they needed some help with some basic services in order for them to stay at home and that grandma and grandpa needed additional or new home and community based services or other long term care supports such as assisted living or institutional care. As the year 2000 rolled by, we began to realize that the Baby Boom generation was moving into the elderly category with different and greater expectations than the 1970 seniors, and the world as we have known it is about to change.

As we began to plan for this four year plan, we realized that the first of the Baby Boom generation will be sixty-five years old in 2011. They will be eligible for Medicare and for retirement under Social Security. For the next twenty-five to thirty years, this group of citizens

will continue to be a driving economic force behind services for the elderly and the delivery system that provides those services. It will be interesting and a challenge to see what impact this group of citizens will have on the service delivery system as they age.

Questions within the Aging Network are already being raised regarding the impact of the aging Baby Boomers as well as the needs of the current elderly population as they continue to grow older. Questions such as:

- What will this new generation of elderly expect for services?
- Will they volunteer to help provide services to others as they age?
- What can we do to keep the current elderly population in their own homes and communities?
- How do we address the needs of two or three generations of people over the age of 65?
- What do we do to provide services to the truly at-risk, vulnerable, isolated elderly in our frontier communities?
- How do we fund or provide for the potential doubling or tripling of our elderly population over the next twenty-five years?

The U.S. Administration on Aging has begun to address some of the issues our state as well as the country will be facing in the near future in their Strategic Action Plan for 2007 - 2012. The Strategic Action Plan covers five main goals and objectives which they will focus on over the next four to five years. These goals and objectives are:

Goal 1: **Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options**

■ Provide streamlined access to health and long-term care through Aging and Disability Resource Center programs

■ Empower individuals, including middle-aged individuals, to plan for future long-term care needs

Goal 2: **Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers**

■ Enable seniors to remain in their homes and communities through flexible service models and consumer directed approaches

■ Continue to use Older Americans Act programs and services to advance long-term care systems change

■ Continue to improve the planning and assessment efforts of the National Aging Service Network

Goal 3 : **Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under**

Medicare

- Increase the use of Evidence-Based Disease and Disability Prevention Programs for older people at the community level
- Promote the use of the prevention benefits available under Medicare

Goal 4: **Ensure the rights of older people and prevent their abuse, neglect and exploitation**

- Facilitate the integration of Older Americans Act elder rights programs into Aging Services Network systems change efforts
- Improve the identification and utilization of measurable consumer outcomes for elder rights programs
- Foster quality implementation of new Older Americans Act provisions supporting elder rights

Goal 5: **Maintain effective and responsive management**

- Promote state-of-the-art management practices, including the use of performance-based standards and outcomes, within AoA and the National Aging Services Network
- Implement the President's Management Agenda
- Support the Department of Health and Human Services and the National Aging Services Network in administering emergency preparedness and response for older people

These five goals and objectives of the Administration on Aging have been incorporated in part into Montana's State Plan on Aging for 2008 to 2011.

EXECUTIVE SUMMARY

The 2008 - 2011 Montana STATE PLAN ON AGING outlines the fundamental concerns facing Montanans as we anticipate the needs of our aging population and the expected increases in the number of elderly and their needs. It identifies Key Strategic Issues which must be addressed by the Montana Office on Aging in 2008 - 2011 to plan successfully to advance the statewide development of in-home and community-based services and resources to provide those services. Services to the elderly need to exist to support the health, dignity, and independence of aging individuals.

The Montana Office on Aging's Mission is to provide leadership:

- in addressing issues that relate to aging Montanans,

and

- in developing in-home and community-based systems

of services throughout Montana.

This Mission is accomplished through the Office on Aging's unique partnership with its statewide network of Area Agencies on Aging in collaboration with others in the service network.

Montana began to make progress toward system development in Fiscal years 1996 to 1999 with the establishment of the Senior and Long Term Care Division within the Department of Public Health and Human Services. The Senior and Long Term Care Division brought Medicaid's Home and Community Based Services together with Aging Services. We continued this development in Fiscal Years 2000 to 2003 with the addition of Adult Protective Services to the Division. The addition of Adult Protective Services brought coordinated training and the co-location of field staff with aging staff and other long term care staff.

During the first four years of the Senior and Long Term Care division, six of the ten Area Agencies on Aging established Medicaid Case Management services. Over the last four years, three more Area Agencies started providing this service. The only Area Agency not providing Medicaid Case Management services, is expected to establish this service during this plan period.

During the Division of Senior and Long Term Care's legislative planning sessions over the last four years and two planning sessions, the following alphabetical list of the most frequently identified areas of need was drafted.

- Care/Case Management
- Caregiving Support
- Elder Abuse Prevention
- Employment
- Health Care/Health/Mental Health
- Health Insurance
- Health Promotion
- Housing
- Information and Assistance
- Legal Affairs
- Long Term Care
- Medication/Prescription Drugs
- Nutrition
- Outreach/Advocacy
- Ombudsman
- Respite/Adult Day Care
- Senior Centers
- Transportation
- Volunteer Programs

In preparing for the 2007 Legislature as well as beginning the planning process for the Area Agencies on Aging for 2008 to 2011 Area Plans, each Area Agency on Aging conducted hearings, surveys and meetings with clients, providers and staff to determine the focus and priorities for their Area Agency. In addressing these areas of need, Area Agencies have identified as a fundamental goal the developing of comprehensive in-home and community-based services through the continued refinement of the information, referral and assistance program as it relates to the transition into Aging and Disability Resource Centers as well as a focus on local planning. Of these areas of need, the Aging Network will emphasis and focus specifically on caregiving support, information and assistance, legal, medications/prescription drugs, ombudsman and respite/adult day care.

In addressing the above areas of need, the Aging Network in Montana will continue to offer and provide quality services under Title III of the Older Americans Act. With increased costs in providing services, such as increased fuel costs - both heating and for transportation and insurance costs, the Aging Network will be challenged to maintain and increase services to the elderly. Based on FY 2006, the following are the services and the projected number of units the Aging Network will strive to maintain and increase each year of the plan:

Services	No. of Units	Services	No. of Units
Adult Day Care	1784	Nutrition Education	1,200
Case Management	29,200	Ombudsman	5,500
Congregate Meals	1,108,184	Outreach	10,434
Health Promotion	83,600	Personal Care	26,673
Health Screening	29,417	Respite Care	14,005
Homemaker	53,382	Senior Center	476,368
Home Chore	1,052	Skilled Nursing	5,219
Home Delivered Meals	630,371	Telephone Reassurance	7,157
Information & Assistance	557,900	Transportation	256,286
Legal Assistance	1,253		

The Aging Network began to implement the National Family Caregiver Support Program by aiming specifically at the need to inform and educate caregivers about the services and resources

available to them. This emphasis involved revising our "Future is in Your Hands" information packets to include information specifically related to caregivers. It has also involved focusing several Aging Horizon TV shows on caregiving and caregiving services, articles in the Aging Horizons Newsletter regarding caregiver issues as well as highlighting caregivers and caregiver issues at the Annual Governor's Conference on Aging. During this plan cycle, we will continue to place emphasis on information, education and training activities for caregivers as well as developing services and resources to support those activities. Providing information, training and assistance to the elderly, their caregivers, service providers and the general public is critical to addressing the needs of caregivers. At the same time, we will be coordinating activities with various groups, such as the Alzheimer support groups, Extension Services and the Montana Choice Grant, to ensure they are aware of the caregiver support program.

In order to provide information and document our activities, we are modifying IRIS (Information and Referral database system) to collect caregiver information. We have purchased monthly educational materials from Maria M. Meyer, the author of The Comfort of Home, an illustrated step-by-step guide for caregivers. We will also expand our efforts to increase respite care services, develop and strengthen caregiver support groups, and provide information, education and services for grandparents raising grandchildren.

Of the five categories of services under the National Family Caregiver Support Program, Montana projects to disburse the National Family Caregiver Support Programs funds through the Area Agencies on Aging to provide services to about 7,000 people per year as indicated on the following table:

Category	Funds Allocated	Persons Services
Information about resources that will help family caregivers	$ 46,800	3,540
Assistance to families in locating services from private and voluntary agencies	$ 265, 400	3,600
Caregiver training, peer support and counseling to help families cope with the emotional and physical stress of dealing with a family member's chronic condition	– 0 –	20
Respite care provided in a home, an adult day-care center or over a weekend in a nursing facility or assisted living facility	$160,258	550
Supplemental services, on a limited basis, to complement the care provided by caregiver	$ 56,000	100

In order to focus on meeting the present service needs as well as the implications of the coming

aging boom, we must also consider the further development of statewide comprehensive in-home and community-based systems of services especially in frontier communities and counties. This means that the Montana Office on Aging will give special attention to the following areas through local efforts in 2008 - 2011.

- Advocacy
- Caregiving Support
- Long Term Care
- Resource Development

Focused activity in these areas is integral to the successful implementation of our leadership charge as well as critical in laying the foundation for developing and providing comprehensive in-home and community-based systems of service.

ISSUE # 1 – INFORMATION AND ASSISTANCE

Under the Older Americans Act, the Office on Aging in the Senior and Long Term Care Division, and Area Agencies on Aging (AAAs), in partnership with their service providers, operate a network of locally accessible programs for senior citizens, which include transportation, nutrition, information and assistance, case management, in-home services, and family caregiver support, among other services. In order to meet the increasing demands for long term care services as our society ages, these agencies and partnerships require timely and accurate information about their clients and services. Also, an agency's management and reporting needs for information are equally important, including quality-assurance efforts, assessing needs and linking clients with services, fiscal control, planning, and research, in an effort to educate people on long term care options, to enhance and expand current services and the delivery system, to develop and maintain collaborations and partnerships, as well as develop new services needed for an aging population.

The Information and Assistance (I&A) program through the Aging Network is a major key to long term care planning and accessing long term care services. In 2006, 29,624 people accessed I&A services and this is only expected to increase as Montana ages and moves towards being one to the top five states in the nation with a high percentage of population over the age of 65 by the year 2025.

Under the current I&A system administered through the ten Area Agencies on Aging, most of the ninety-seven I&A's wear multiple hats, covering I&A, State Health Insurance Program (SHIP) and Ombudsman services. While this configuration has worked in the past, with the ever increasing need for information, referrals and assistance for elderly and their family members regarding long term care services and financial planning, changes are needed to address the growing need to help people access and navigate the human service/ long term care maze. Encouraging local staff to be cross-trained in these programs has been an effective method of providing local coverage and has had many advantages, however, it has also caused staff burn-out due to the work overload, especially as it relates to outreach, education and casework related to Medicare Modernization and Medicare Part D issues.

Over the past three years, the major focus of the I&A program, in collaboration with the SHIP program, has been on the implementation of the Medicare Prescription Drug program and other Medicare changes related to the Medicare Modernization Act of 2003. This implementation along with the frequent changes in providers and policies of the Medicare program has put huge and sometimes unrealistic demands on the staff and volunteers.

In 2003, the State of Montana, Aging Services Bureau applied for and received an Aging and Disabilities Resource Center (ARDC) grant from the Administration on Aging. The grant allowed the State Unit on Aging to establish an ARDC in Billings, Montana through Area II Agency on Aging. The transition in the I&A program into an ARDC, one-stop shop for services for the elderly and disabled, has been beneficial to the clients, their caregivers, and their families which has changed from mostly providing information and referral services to a program that is

more hands-on, one-on-one type of assistance.

The ARDC model has allowed people to have one place where they can come to get the information and assistance they need regarding services and coordinate the numerous application processes required in applying for various services. With the increase in the elderly, and disabled populations, the ARDC model needs to be replicated across the state so people, regardless if they are elderly, disabled or a caregiver, who are in need of long term care services can receive information and assistance on the numerous services they or their caregivers may be eligible to access.

In order to transition the whole I&A program into Aging and Disability Resource Centers, the State Office on Aging will need to establish and define the common data requirements necessary for policy and management decision making, so the ARDC model can be replicated and can provide the long-term care options and meet the needs of the elderly, people with disabilities and their caregivers no matter where they are located or the area of the state they are needing information for. This will eliminate the need for elderly and/or people with disabilities and caregivers to have to provide identifying information repeatedly to various service providers and improve the data collection and reporting methods to insure the ability to compute unduplicated counts of individuals across services, providers, and geographic locations.

Goal #1: **Expand the ADRC model in Montana with focus on developing and implementing it in Rural/Frontier counties and communities.**

Rationale: Changing the I&A program from providing basic information, referral and assistance to the elderly, caregivers or family members seeking information on what services are available is necessary if the aging network is going to address the current and future long term care needs of our citizens. While many of the senior centers across the state have I&A services available, most do not have the hands-on expertise to walk potential clients through the various service/program applications, necessary to provide this level of service. Going from one provider to another and having to fill out similar information on each application is difficult, time consuming and redundant for everyone seeking assistance.

Changing from the current I&A program will require training and certification of ADRC staff in income and asset limits, as well as the required documentation clients need for eligibility of the various programs and application coordination through the ADRC for services to the elderly and people with disabilities. This training and certification will be provided by and in coordination with federal and state programs and the agencies that have the overall responsibility for ensuring a client is eligible for that service or program.

As the State Unit on Aging coordinates with the Area Agencies on Aging in the transition of their I&A programs into the ADRC model, the basic I&A program services will continue to be provided statewide. Maintaining continued quality

I&A services is important during this transition process to ensure that the elderly, their family and caregivers receive the necessary information and assistance regarding services and access to the service delivery system.

Objective 1.1 Expand the current ARDC model in one to two Planning and Service Areas per year over the next four years.

Strategies to Accomplish the Objective:

- Each year of the plan, the State Office will work with one rural/frontier Area Agency on Aging and one urban Area Agency on Aging and their local programs to become ADRC's.
- Annually review and assess each Area Agency on Aging's ADRC's to determine what issues or problems need to be changed or modified and incorporate those into the establishment of new ADRC's each successive year.
- Work with the Area Agencies on Aging in developing any changes in the ADRC's to meet special or specific needs of the people residing in their planning and service areas.

Objective 1.2 Work with the various State agencies to develop and implement a web based application process for services.

Strategies to Accomplish the Objective:

- Coordinate the development of a web based application process with various State agencies that provide services to the elderly, people with disabilities and caregivers.
- Implement a web based application process which will eliminate clients or family members from having to fill out multiple applications for services.

Objective 1.3 Develop training materials and establish a certification process to ensure ADRC staff are adequately trained.

Strategies to Accomplish the Objective:

- Work with the various State agencies to develop training materials to ensure ADRC staff are adequately trained in regards to numerous programs and applications for service.
- Establish a certification process for ADRC staff that clarifies the various levels of knowledge and understanding needed of the various program and application procedures.
- Provide annual training sessions for new ADRC staff and an annual re-certification process for prior trained ADRC staff.
- Develop and provide information and assistance training utilizing web based training techniques for new I&A and new ADRC staff until the annual certification training is provided.

Objective 1.4 Expand long term care options counseling.

Strategies to Accomplish the Objective:

- Identify long term care services available and provide training related to each option to all I&A and ADRC staff so they can counsel clients, caregivers and family members adequately.

Objective 1.5 Explore and expand financial participation for the ADRC's by various partners and stakeholders.

Strategies to Accomplish the Objective:

- Explore and solicit financial participation/support options from the various agencies and organizations involved in the ADRC, including training.
- Work with the Area Agencies on Aging to enhance and increase funding alternatives for I&A and ADRC services.

Objective 1.6 Increase the ability of Montanans to prepare to meet their own long term care needs, or the long-term care needs of a relative or a friend.

Strategies to Accomplish the Objective:

- Increase the number of requests for information on the State Aging Hotline and AAA toll free number each year.
- Maintain or increase the number of home delivered meals served through the Aging Network.
- Increase the number of Information and Assistance program contacts each year.
- Increase the number of individuals served each year by the State Health Insurance Program (SHIP).
- Maintain the number of participants at the Governor's Conference on Aging each year.
- SLTCD staff will conduct at least 100 public presentations each year.
- Increase the number of visits to the SLTCD website each year.
- Develop a coordinated continuing public education campaign to inform Montanans about long term care issues and options emphasizing the need for individual long term care planning and personal responsibility for individual health care needs.
- Revise or update the annual State of Aging in Montana report.

ISSUE #2 – OMBUDSMAN SERVICES

In Montana, we have 187 assisted living facilities, 97 nursing homes and 44 critical access hospitals/swing beds for a total of 328 facilities which have the capacity to serve over 11,500 residents. These 328 facilities are currently covered by 1 State Ombudsman, 4 regional ombudsman, 3 FTE local ombudsman, 23 part-time local ombudsman who work 8.25 to 20 hours per week, 2 certified volunteers and 1 friendly visitor.

Assisted living facilities are increasing every month in Montana. Over the past 15 years, assisted living facilities have increased from 22 facilities to 187, which is a 750 percent increase. This increase can be expected to continue to increase over the next several years as our society ages. With the increase in facilities the need for residents rights advocacy services will only increase the demand for ombudsman assistance. For example, additional ombudsman could be utilized in the city of Billings, which has 9 nursing homes and 30 assisted living facilities covered by 1 full-time ombudsman. The growth in assisted living facilities in Billings has gone from 15 to 30 in 6 years, and several new ones are on the drawing board.

The cases Ombudsman deal with are getting more complex and growing. Ombudsman are addressing issues that involve medication, communication, aging issues, and family conflict issues. An example of one of the more complex issues ombudsmen have had to deal with involved a wife abandoning her husband. This case involved Medicaid, Social Security, the facility staff and the resident's children and legal services, which required the assistance of the legal developer program as well as the involvement of both a private attorney and the facility attorney.

In rural frontier Montana, transportation is an issue that effects the delivery of ombudsman services to people using long term care services in nursing facilities or assisted living facilities. Many local certified ombudsman travel 100 miles or more round trip to provide services to some long term care facility residents, and one travels over 330 miles. Additionally, we are starting to be contacted by family members seeking assistance in locating a long term care facility within 50 to 100 miles from their community because their local facility, if they even have more than one, are full or, as in many of our frontier communities, nursing facilities and assisted living services are non-existent. While this is a current need in some areas of the state, getting services for people in our rural frontier communities all across Montana will be an ever increasing issue as our population ages.

With the huge variance in geographic location of long term care facilities from Area Agency to Area Agency as well as from county to county and in some instances from community to community, there is a need for increasing and stabilizing the ombudsman structure statewide. In some parts of the state, part-time ombudsman services are meeting the minimum requirements of being able to visit long term care facilities on a regular monthly basis. But in most of the state, especially in some of our largest cities, ombudsman staffing needs to be increased in order to adequately meet the increasing demand as the assisted living facilities grow. Along with the increased demand on the ombudsman program in the larger communities, the ability to provide

adequate services in our frontier communities is also putting demands on the ombudsman program and the resources used to provide those services.

In 2002, Montana established 5 Regional Ombudsmen to help coordinate local ombudsman activities, provide assistance to the ombudsmen regarding complex issues, provide backup to local ombudsman and cover long term care facilities when local ombudsman were not available. The implementation of the Regional Ombudsman has been a good addition to the whole ombudsman program and has enhanced the services to residents, their families and has also provided assistance to facilities and their staff with numerous family conflict resolution and payment issues. Even with the addition of Regional Ombudsman, there are still Planning and Service Areas that are under served, due in part, to the increasing growth in assisted living facilities.

In preparing for the 2007 Legislative Session, the ten Area Agencies on Aging gathered input from staff, providers and clients. Based on this, they determined that additional funding and staffing for the ombudsman program was one of their top ten priorities for the next two years. Several of the issues the regional and local ombudsman programs face are related to the ability to retain current staff, the need to add additional staff, and the ability to provide the resources necessary to support the ombudsman in doing their duty, such as additional travel resources to ensure facilities are visited on a regular monthly basis.

During the 2007 Legislative Session, the Department of Public Health and Human Services's Senior and Long Term Care Division requested and received an additional full-time ombudsman position at the state level. This position will assist the State Long Term Care Ombudsman in providing support to the local ombudsman and help coordinate and augment ombudsman services statewide.

Goal #2 **Increase the availability of Ombudsman services statewide to meet the increased demand based on increase of long term care facilities and the complexity of cases.**

Rational: Over the past ten years, assisted living facilities have increased and this trend seems to be continuing as Montana's population continues to age. Up until recently, a new assisted living facility opened about every six months.

Ombudsman programs vary somewhat from Area Agency to Area Agency across the state. While the duties and requirements are the same, there are discrepancies in salaries, the number of facilities each ombudsman is required to visit, and the ability or skills of each ombudsman to handle the increase in the complexity of cases. Addressing these discrepancies may require additional training, additional financial support and a more comprehensive certification process related to each ombudsman's ability to handle the increased complexity of cases.

Objective 2.1 Increase support for the Regional and Local Certified Ombudsman positions each year of the plan.

Strategies to Accomplish the Objective:

- Encourage and work with Area Agencies on Aging to review their budgets to determine the amounts of funds they could add to the ombudsman program to address the financial needs of their local and regional ombudsman programs.
- Monitor and evaluate the growth in assisted living facilities to determine where additional ombudsman positions need to be added.
- Request and utilize increased resources from Federal sources, such as additional funding from the Administration on Aging under the Older Americans Act.

Objective 2.2 Review the current certification process and revise it to address the level of competence of each Regional and Local Certified Ombudsman.

Strategies to Accomplish the Objective:

- Establish a workgroup of State, Regional and Local Ombudsmen and Area Agencies on Aging directors to review the current certification criteria as well as the pay scales related to equitable compensation for ombudsman statewide.
- Modify and establish various levels of ombudsman certification to coincide with the knowledge and skills of each ombudsman.
- Coordinate the establishment of the certification process with the Area Agencies on Aging for adjusting compensation for ombudsman based on their level of competence and certification.

Objective 2.3 Increase ombudsman services and reporting to determine types of cases, case complexity and demand for services.

Strategies to Accomplish the Objective:

- Provide additional training to ensure ombudsman:

1. have the skills necessary to address complex cases;
2. have complied the information necessary for the Administration on Aging reports; and,
3. maximize the utilization of the ombudsmanager program.

- Adapt training to address the types and complexity of cases the ombudsmen are dealing with at the regional and local levels.

1. Provide training on problem solving approaches and how to deal with challenging people, such as residents, family members, facility staff etc.
2. Explore options for joint training with states like Washington and Idaho.
3. Work with the National Resource Centers to develop training materials applicable for the types and complexity of cases Montana is dealing with..

- Maintain or increase the average monthly visitations by ombudsmen to licensed nursing facilities, assisted living facilities and Critical Access Hospitals.

ISSUE #3 –CAREGIVING SERVICES

Caregiving is a global term that encompasses a large range of situations that cross medical conditions, age groups, care settings and personal situations. It is an important component of the long-term care system. Caregiving focuses on the basic need for assistance regardless of who or how it is being provided. Used in its broadest sense, it can cover formal caregiving settings ranging from institutional settings like nursing facilities to home and community based services such as the Medicaid Waiver, as well as the Personal Care Program and in-home services provided through the Aging Network. In its most intimate sense, it can be families, friends and neighbors taking care of their relatives and friends in their homes. It is the latter that this report focuses on.

Informal caregivers are individuals who provide care to a relative or friend (a care recipient) that allows them to remain in their homes and their communities. In this report, we have chosen to use the term informal caregivers because it is more inclusive - it is better at capturing the broader scope of the caregiving experience. It includes not only family caregivers, but also friends and neighbors as well. In a rural state like Montana, all these elements are important components of caregiving.

Informal caregivers do not receive pay for the care they provide. This differentiates them from formal caregivers (such as personal care attendants, home health aides or public health nurses) who usually work for an agency and receive pay to provide care.

Informal caregivers provide assistance to someone who is experiencing limitations in activities of daily living (ADLs) such as eating, bathing, dressing, toileting or ambulating and/or instrumental activities of daily living (IADLs) such as shopping, preparing meals, medication management, managing money, transportation or doing basic housework chores. Without assistance in these areas, care recipients would eventually have to move from their homes to a residential care setting where these services would be available. Because of the chronic nature these limitations in ADLs and IADLs cause, informal caregiving situations tend to be long-term situations. For many, changes in the health care system and in medical technology are pushing caregiving well beyond its bounds of just 10-15 years ago. New medicines and treatments that allow people to leave the traditional hospital setting and return home sooner, especially the elderly, have also thrust family caregivers into new roles. Now many caregivers must oversee the in-home use of sophisticated machines such as feeding tubes and respirators that before were the bailiwick of only highly trained health care professionals. Often caregivers must also administer multiple medications properly, often for several medical problems, or risk complications and the re-hospitalization of the care recipient. Thus, to some extent, the caregiving experience mirrors the trend seen in other areas of long-term care: more intense care that use to be provided in hospitals is now provided in other residential care settings and by other long-term care service providers.

Long-term care differs from other types of health care in that the goal of long-term care is not to cure an illness, but to allow an individual to attain and maintain an optimal level of functioning.

Long-term care encompasses a wide array of medical, social, personal, and supportive and specialized housing services needed by individuals who have lost some capacity for self-care because of a chronic illness or disabling condition.

When most people think of long-term care, they usually think of older people in nursing homes and hospitals, or government programs like Medicaid and Medicare. However, families, not facilities and government programs are the bedrock of long-term care. Informal caregiving by families and friends continues to be the way most people receive the long-term care services they need. It's family and friends assisting someone with a physical limitation or medical condition so they can remain at home. And it's not just older people that receive long-term care - people of all ages benefit from informal caregiving. Based on an Administration on Aging fact sheet dated 8.2003, the most commonly quoted figure for the number of informal caregiving situations in the nation is 22.4 million households. This equates to about one in every four households in America that is involved in informal caregiving. The degree of caregiver involvement has remained fairly constant for more than a decade, bearing witness to the remarkable resilience of the American family in taking care of its older persons. This is despite increased geographic separation, greater numbers of women in the workforce, and other changes in family life. Thus, family caregiving has been a blessing in many respects. It has also been a budget-saver to governments faced annually with the challenge of covering the health and long-term care expenses of persons who are ill and have chronic disabilities.

There are many factors that contribute to the prevalence of informal caregiving. A combination of rugged individualism, a strong belief that families should take care of their own and an aversion to using formal services either because they are perceived as welfare programs or are seen as too costly all contribute to an atmosphere conducive to informal caregiving in Montana. For most care recipients, cost savings of informal caregiving are secondary to their ability to remain independent in their own homes.

For someone who needs help to remain at home, informal caregiving represents an invaluable commitment by family and friends to provide help across a broad spectrum of tasks ranging from help with shopping or getting to medical appointments to help with tasks such as, feeding and bathing and beyond. Because of its informal nature, it happens in the privacy of the home and often goes unnoticed by the public at large. However, informal caregiving represents how the majority of people in this county receive long-term care.

Caregiving is an issue that will have significant social and fiscal consequences for Montana and its growing elder population. Any decline in the prevalence of informal caregiving could have a significant impact on government supported health care programs and their budgets.

Montana's rural nature heightens the need and importance of informal caregiving. In most rural communities, low population density, lack of medical services, infrastructure and trained staff as well as limited state and/or federal funding makes it difficult to develop and maintain many of the health care services that allow people to remain in their homes. Without the help of informal caregivers, most people needing care would be forced to move out of their communities to

someplace that had services or move into an institutional setting.

Care needs usually start with instrumental activities of daily living, such as help with transportation to medical appointments or shopping, or assistance with balancing a checkbook. As limitations increase, care needs progress to more personal types of care, such as eating, dressing and bathing. Friends and neighbors are more likely to provide assistance with instrumental activities of daily living than with the more personal activities of daily living. In informal caregiving situations, formal caregiving is usually a supplemental service used when a caregiver is unable to provide assistance or as caregivers burn out. When the need for care becomes too great, caregivers seek a residential placement to meet care needs of the care recipient.

A study, which appeared in the *Journal of the American Medical Association,* found that elderly spouses who had experienced strain connected to caregiving had a 63 percent higher risk of death than those whose spouse did not need care. Because of the stress of caregivng and the lack of services such as respite care, many family caregivers as well as their loved one end up in more difficult situations. In some cases, the caregiver ends up in institutional settings before the person they care for does because they are so tired and stressed out.

Currently under our Alzheimer Demonstration project, Montana has 100 caregivers getting respite care. These 100 caregivers have been provided 6,200 hours of respite care services this past year.

Under the Older Americans Act's National Family Caregiver Support Program (NFCSP), the following are some major challenges Montana faces in developing local NFSCP programs.

- Developing comprehensive programs with limited budgets is very difficult. When NFCSP funds are allocated across 10 area agencies, budgets at the Area level range from about $17,000 in Area 10 to $100,000 in Area II. On a per county basis, the range of NFCSP funds goes from about $800 in Petroleum County to about $44,600 in Yellowstone County. Both coincidentally are in Area II. The median amount of NFCSP county funding is $4250.

- In many areas, it is not financially possible to offer all of the five services, especially if services did not exist prior to the NFCSP. Local aging services providers must balance consumer needs against fiscal and programmatic realities. Low population density and geographic distances are constant barriers that many providers struggle with in developing and implementing new services.

- Reaching caregivers at a point when they are most likely to accept help and before they are in crisis or burnout.

The phenomenon of grandparents and other relatives raising children is nothing new. Over the last 25 years, however, the number of children being raised by someone other than a parent has

increased dramatically, with the vast majority of these children being raised by their grandparents.
Since 1970 there has been an increase in all types of grandparent headed households. The most significant increase has been in those households where grandparents are the primary caregivers and no parent is present.

Between 1990 and 1998, the number of these families increased by 53 %. In the ten-year period from 1990 to 2000, there were over a million grandchildren nationwide who were living in grandparent headed households. Some of the factors that result in grandparents raising their grandchildren include alcohol and drug abuse, divorce, incarceration, unemployment, child abuse or neglect, HIV/AIDS, death of the parents, parents serving in the military and teenage pregnancies. This overview focuses specifically on grandparent caregiving and does not include the significant time grandparents contribute to providing day care services for their grandchildren.

Grandparents raising grandchildren can face significant challenges related to their primary care role. These can include unplanned financial strains (especially for those living on a limited fixed income), coping with personal health care issues while trying to provide care to others, psychological stresses (such as depression) and decreased socialization with peers. Since most caregiving grandparents do not have any formal legal authority for their grandchildren, they also may face difficulties in their dealings with schools, health facilities and other agencies that may require proof of legal authority as a condition of providing services.

2000 Census data indicate that the issue of grandparents raising grandchildren cuts across generations and is not necessarily a senior citizens issue. Census data is broken down into ten-year age cohorts, starting with grandparents aged 30-39 years of age and going all the way to age 80 and over. The largest age range is the 50-59 age range, followed by the 60-69 age range.

- According to the 2000 U.S. Census, there are currently 5.8 million children in the United States who are living in grandparent or other relative headed households, with or without parents present.
- Approximately 2.42 million grandparents raising grandchildren nationwide are 60 years of age or older.
- Approximately 9500 grandchildren age 18 or younger are being raised by grandparents who are 60 years of age or older in Montana. This represents about 4.1% of the total population of children 18 years of age and younger in Montana.

In terms of the percentage of total children living in grandparent headed households, Montana ranked 38th at 4.1%. However, Montana had the 9th largest increase in the number of grandchildren living in grandparent headed households from 1990 to 2000. One factor that likely influences this rate increase is the higher percentage of Native American grandparents raising grandchildren. These statistics indicate that grand parenting issues will likely become more prominent as time passes.

Of the 2.1 million children living with grandparents who are primary caregivers, approximately 145,150 of them are in the foster care system. These children make up almost a quarter of the entire U.S. foster care population of 588,000 children.

Between July 2001 and March 2002, there were 2,063 children in Montana in out-of home placements. Of these children, 492 (23.8%) were being raised in households where grandparents or other relatives were the primary caregivers.

A total of 69% of all grandparents who co-reside with grandchildren do not have primary caregiving responsibility. Of the 31% of grandparents who have primary caregiving responsibility, 84% take care of their grandchildren for at least one year. Interestingly, when grandparents become the primary caregiver for their grandchildren, they tend to take on the responsibility for a long period of time. Over half of grandparents act as primary caregivers of their grandchildren for at least 5 years.

Goal #3 Increase services to caregivers, especially in rural/frontier Montana.

Rational: For someone who needs help to remain at home, informal caregiving represents an invaluable commitment by family and friends to provide help across a broad spectrum of tasks ranging from help with shopping or getting to medical appointments to assistance with feeding and bathing and beyond. Because of its informal nature, caregiving happens in the privacy of the home and often goes unnoticed by the public at large. However, informal caregiving represents how the majority of people in this county receive long-term care.

Caregiving is an issue that will have significant social and fiscal consequences for Montana and its growing elder population. Any decline in the prevalence of informal caregiving could have a significant impact on government supported health care programs and their budgets.

Montana's rural nature heightens the need and importance of informal caregiving. In most rural communities, low population density, lack of medical services, infrastructure and trained staff as well as limited state and/or federal funding makes it difficult to develop and maintain many of the health care services that allow people to remain in their homes. Without the help of informal caregivers, most people needing care in rural/frontier communities would be forced to move out of their community to someplace that had services or move into an institutional setting, which are mainly located in our larger more populated communities.

While friends and neighbors are more likely to provide assistance with instrumental activities of daily living, such as help with transportation to medical appointments or shopping, or assistance with balancing a checkbook, it is family

members who provide the more personal activities of daily living, such as eating, dressing and bathing. In informal caregiving situations, formal caregiving is usually a supplemental service used when a caregiver is unable to provide assistance or as caregivers burn out. When the need for care becomes too great, caregivers seek a residential placement to meet care needs of the care recipient.

Based on various studies, caregivers pass away before the person they are caring for does. And due to lack of respite services, many caregivers end up in institutional settings before the person they care for does. In some cases, once the care recipient moves into an institutional care setting, the caregiver dies or finds that they themselves are in need of increased assistance.

Objective 3.1 Increase education and training activities related to caregiving and grandparents raising grandchildren.

Strategies to Accomplish the Objective:

- Make Powerful Tools for Caregivers Training available in communities statewide.
- Collaborate with MSU Extension Services to continue training for grandparents raising grandchildren and caregivers.
- Collaborate with healthcare systems to help identify caregivers in crisis or in need of support before the point of burnout.
- Collaborate with Alzheimer's Association – MT Chapter to ensure and enhance support groups for Alzheimer's caregivers.

Objective 3.2 Coordinate outreach activities related to caregiving.

Strategies to Accomplish the Objective:

- Coordinate and collaborate with stakeholders to increase outreach efforts.
- Develop and implement outreach activities which are focused on improving the capacity of the caregiver to improve or enhance their caregiving skills.

Objective 3.3 Increase education and skills for caregivers.

Strategies to Accomplish the Objective:

- Review training and education techniques currently being provided by various agencies, organizations and educational facilities.
- Determine best practices and develop education and training related to them.
- Develop training and educational opportunities for providers and family members to be trained through workshops and training events.
- Consult with higher education in order to develop and encourage

curriculum aimed at certifying caregivers.

ISSUE # 4 – COMMUNITY LONG TERM CARE

Providing long term care choices for Montana's high-risk individuals in rural/frontier communities is going to be the challenge in the future as the population ages. While many states including Montana may be considering a variety of consumer-directed strategies and methods to provide increased choice such as the use of "cash and counseling" models which give consumers more control over the care they receive, consumers in rural/frontier communities are going to be faced with the dilemma of finding any available services in their area.

The 2000 Census indicated that the State of Montana has 902,195 people spread out over 147,046 square miles. The 2000 Census indicates that there are 46 out of 56 counties in Montana that have 6 or less people per square mile. Montana only has 13 cites and towns whose populations are larger than 6,000 people. Of these, only 3 of them have populations larger than 50,000 people and of the 3, only 1 has a population over 60,000 people.

Currently Montana has over 65 communities whose 65 and older population is over 20% of their total population. Of these 65 communities, 29 of them have 65 and older populations that are over 25% of their total population and 9 exceed 30%. Combine this with the fact many of these communities are from 50 to 100 or more miles away from larger communities that have major services, including major medical assistance.

Due to the vast distances that people need to travel to deliver or receive services, Montana is going to be challenged to provide choices and options for long term care services to an aging population especially in our frontier communities. Increasing choices in community long term care for our elders in many communities and locations will be tied directly to availability of and access to the service delivery system.

Goal #4: Support Montanans in their desire to stay in their own homes or live in smaller community based residential settings for as long as possible.

Rational: The majority of elderly Montanans want to remain in their communities and in their homes for as long as possible. In frontier Montana, this ability is going to be a challenge and will require better planning, by individuals, families and service providers as well as state and local governments, for the long term care needs of the elderly as they age.

The delivery of services in frontier communities may require an increase in services available. This may require expanding services from other communities or even the identifying and development of new service providers within frontier Montana.

Currently, funding for Older American Act programs is allocated to states based on the population of those 60 and older. Montana uses a funding formula for allocating funds to the ten Area Agencies on Aging. This funding formula is

based on the population related to the total 60 and older population, low-income 60 and older population and minority 60 and older population and includes a rural factor that is also based on the 60 and older population. This formula may need to be revised in the future to better address frontier factors Montana faces.

Objective 4.1 Increase the total amount of the Senior and Long Term Care Division budget that goes to home and community services.

Strategies to Accomplish the Objective:

- Determine the legislative priorities and needs of the elderly and aging network service providers as part of the development of Senior and Long Term Care's legislative priorities for the 2009 and 2011 Legislative Sessions.

1. Invite aging services stakeholders, the various retirement groups, Montana Senior Citizens Association, AARP, Silver Haired Legislature and other aging/elderly service providers/organizations to participate in a Legislative Planning Summit.
2. Conduct a statewide planning meeting to allow interested citizens, such as the elderly, disabled, caregivers, service providers and interested people to have input into the legislative planning process.

- Work with our Congressional delegation to increase funding for aging services, especially for frontier states like Montana.

Objective 4.2 Increase the number of people served under the Medicaid Home and Community Based Services (HCBS) Waiver by at least 100 over the biennium.

Strategies to Accomplish the Objective:

- Increase the coordination of the services delivered under the Medicaid Home and Community Based Services programs with those provided under the Older Americans Act programs to maximize services to those in greatest need.
- Encourage the maximum utilization of resources to increase services for those qualified for HCBS programs who are on waiting lists.

Objective 4.3 Maintain or reduce the percentage of nursing facility residents under age 65 by targeting at least 25 individuals each biennium who are under age 65 for transition to community placements with "money follows the person" funding approaches.

Strategies to Accomplish the Objective:

- Coordinate activities with Home and Community Based Services (Medicaid Waiver), Area Agencies on Aging and local service

providers in providing necessary services which will meet the needs of the individuals transitioning from long term care facilities to the community.

- Review service options and supports in frontier communities to determine if people can transition back into those communities.
- Collaborate with various service providers to determine what service options are unavailable, need to be expanded or developed to meet the needs of those in frontier communities.

Objective 4.4 Pursue grants and funding options to improve services to underserved populations.

Strategies to Accomplish the Objective:

- Pursue grants which will help develop services to underserved populations, with a focus on meeting the needs of the elderly in frontier Montana.
- Solicit support from our congressional delegation, along with other state units on aging and area agencies on aging, to address a frontier factor in the distribution and allocation of funds for the elderly from the federal level.
- Review the current state funding formula to determine what options, changes or recommendations are available to more effectively address and focus resources to meeting the service needs of those at-risk and isolated elderly living in frontier communities.

ISSUE #5 – HEALTH PROMOTION

As stated in the Administration on Aging's Strategic Action Plan for 2007 to 2012, most long-term support needs emerge from chronic diseases and other conditions – such as arthritis, diabetes, heart or lung disease, stroke and dementia – as well as from injuries suffered as a result of a fall or other accident. Today at least 80 percent of adults 65 and over have one or more chronic conditions. These chronic conditions lead to serious illnesses and disabilities which dramatically raise health care costs. Overall, care for people with chronic conditions consumes about 78 percent of U.S. healthcare spending, including 95 percent of Medicare spending and 77 percent of Medicaid spending. Additionally, falls are the leading cause of injury-related deaths and hospital admissions among the elderly and account for between $20 and $30 billion health care dollars in the U.S. each year. We now know these conditions and their effects can be mitigated – even for people who are very old – through life-style changes and disease management programs. Our formal system of long-term support through the aging network will continue to emphasize prevention and exercise as well as promote the use of the new preventive benefits available under the Medicare.

Montana's Aging Services Network, through the State Health Insurance (SHIP) Program, was a natural and essential partner with CMS and AOA in the initial implementation of the new prescription drug coverage available under the Medicare Modernization and Improvement Act (MMA) of 2003 and will continue to provide critical support toward that end. Helping Montana beneficiaries understand and effectively utilize all of their Medicare benefits, including the new prevention benefits available under the MMA is one of the expanding rolls of the SHIP Counselors. SHIP Counselors will be helping consumers take advantage of the new tools CMS has developed to help beneficiaries better manage their health and their health care costs. For example, the "*My Health. My Medicare.*" campaign will increase beneficiaries' awareness and utilization of preventive benefits including flu and pneumococcal shots, cardiovascular screenings, diabetes screenings, smoking cessation counseling and the *Welcome to Medicare* physical examination. AoA is positioned to continue to help leverage the resources within the Aging Services Network with CMS prevention resources to develop true collaborative partnerships to directly engage beneficiaries to maximize personalized assistance and healthy living.

Health promotion is a continuing need for Senior Centers to take an active role in. Based on the State of Aging In Montana 2006 report, Senior Centers are becoming more aware of what centers of the future will need to be: multi-purpose centers, providing a wide range of programs for young, old, frail, active, retired and working seniors. They are adding fitness programs, exercise programs and equipment, preventive health programs, health screenings, travel opportunities and computer rooms. Many senior centers are offering retirement planning seminars that often include developing new skills for part-time employment. Additionally, some are offering programs to introduce new ways to improve health status, reduce health disparities, increase economic security, decrease caregiver stress, and increase the independence of older persons. They are also offering a greater selection of intergenerational activities that ties them in with other age groups in the community. Others are actively collaborating with other community

organizations such as universities to offer educational and recreational opportunities that seniors want.

Senior centers have been the backbone of the Aging Network for 30 years. They have historically had a "can do" attitude: they have found a way to develop and deliver needed services in spite of funding limitations. Senior centers have become the first and the foremost source of vital community-based social and nutritional supports, as well as health promotion and health related activities, that help seniors remain independent in their communities. This is especially true in rural and frontier areas of Montana, where senior centers often may be the sole human services provider in their communities. However, senior centers are now at a crossroads. They are facing a number of issues that could alter their ability to meet current and future needs of the elderly.

The two major challenges facing senior centers are manpower issues and financial issues. Senior centers have been operated to a large extent by committed volunteers who first established centers, then developed an array of services provided through or by the centers. This is especially true in frontier and rural centers. There simply were not enough funds available for centers to afford hiring staff. If things were going to get done, members had to pitch in and get them done. Unfortunately, many of these volunteers are now aging and unable to provide the time and effort necessary to maintain center services. Many centers are struggling to attract the next generation of seniors to their centers, and just over the horizon lurks the baby boom generation - the largest population cohort of the last century. Their participation, or lack of participation, will be a key element in the continued success of senior centers.

So, what will tomorrow's senior center look like? What types of services will centers need to offer to attract the next generation of seniors? What will centers need to do to ensure they can remain an economically viable service provider? Where will they find the manpower (especially volunteers) to provide needed services?

The one issue senior centers won't have to contend with is a lack of potential customers. Between 2002 and 2030, the nation's 65 and over population will more than double, from 35.6 million to 71.5 million, which will mean that almost one in five people will be 65 or older. In Montana, the 65 and over population will go from 125,000 in 2002 to about 270,000 by 2030, which will mean that one in every four Montanans will be 65 or older. Instead, the dilemma facing senior centers will be trying to meet multiple expectations: meeting the needs of an increasing number of frail elderly, providing services to active seniors and developing strategies and services to attract the growing number of baby boomers.

In addition to funding woes, space and remodeling issues, questions remain as to how centers can attract young seniors who can provide leadership and volunteer services while at the same time respond to the needs of frequent users, who are increasingly frail. It has also been suggested that the baby boom generation will not view old age in the same way as previous generations. The young-old of the future will more likely be in the 65-70 age category as many boomers will work into their 70s. This is evident by the fact that some 4 million Americans over the age of 65

are now seeking work to keep pace with rising health care costs and to replenish retirement nest eggs. The challenge of attracting people in their 50s and 60s will be even more difficult in the future, especially given the current image and lack of creative programming found in some senior centers.

Centers must be "Vital Aging" centers that provide services and programming designed to enhance the capacity of all participants, foster personal growth, and meet the health screening and health education as well as "wellness" needs of participants.

Goal #5 Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare

Rational: After congregate and home delivered meals, health screenings has emerged as the next most frequently offered program and shows the important role senior centers are playing in helping seniors to remain healthy and in their homes. Centers offer a wide range of health screening activities, including: foot clinics, blood pressure screenings, flu shot clinics, and diabetes or glaucoma screenings. These screenings offer unique collaborative opportunities between senior centers and local health care professionals.

Providing people with information and education regarding the importance of exercising, good nutrition and the need to participate in health screening activities is only a start of being a active, healthy elderly person.

The Aging Network through senior centers have played a huge role in offering health screenings and other health related information and educational materials to the elderly. Many senior centers, but not all, offer exercise classes on a regular basis. But in order to meet the expanding needs of an aging society, senior centers must be able to provide services and programming designed to enhance the capacity of all participants. This means senior centers and the aging network needs to foster personal growth including meeting the health screening, health education and "wellness" needs of participants.

Empowering people to remain active and healthy by providing the facilities necessary for exercise and health screening activities will make for healthier and more active senior citizens. Part of empowering is also the ability to provide people with the adequate information so they can make appropriate choices. One of these informational health related issues is the new prevention benefits under Medicare. Unless people know and understand what benefits are available to them, they will not use them.

Objective 5.1 Provide exercise options for Senior Centers to offer.

Strategies to Accomplish the Objective:

- Utilize the Governor's Conference on Aging to provide for discussion and the identification of "best practices" regarding exercise and health related activities being provided in various sizes of senior centers.
- Coordinate with Area Agencies on Aging staff, senior center directors and activity coordinators to identifying "best practices" exercise activities.
- Coordinate the development of exercise options for senior centers in frontier Montana.

Objective 5.2 Provide information and education regarding the importance of exercising, good nutrition and the need to participate in health screening activities.

Strategies to Accomplish the Objective:

- Work with nutritionists to provide up to date information and educational materials related to good nutrition and healthy eating.
- Encourage people to participate in health screenings and health fairs.
- Provide information to the general public regarding the importance of exercising, good nutrition and preventive activities including health screenings.
- work to increase public awareness of mental health disorders and services and coordinate their services with those of community providers of mental health services.

Objective 5.3 Provide beneficiaries information on the new prevention benefits under Medicare

Strategies to Accomplish the Objective:

- Provide information and training to the aging network on the new prevention benefits under Medicare.
- Coordinate activities with the SHIP Partners including training and outreach activities for counselors to reach Medicare beneficiaries.

ISSUE # 6 – ELDER RIGHTS AND LEGAL SERVICES

Protecting the rights of older people and preventing their exploitation, abuse, and neglect both in and out of long term care facilities continues to be one of the most important goals of the Administration on Aging, the State Office on Aging, Area Agencies on Aging and others in the aging network. While predatory lending, home repair scams, and other types of financial exploitation can have tragic consequences for seniors, abuse and neglect also have major consequences that puts seniors at-risk and reduces their ability to live with dignity and as independently as possible. The aging network provides critical consumer information, training, technical assistance and funding for programs that advocate for and protect the rights of vulnerable, at-risk older persons.

One of the challenges facing our state and our nation as our society ages, whether they reside at home or in an institutional setting, is protecting our citizens against the threat of elder mistreatment. According to researchers, between 500,000 and 3.5 million seniors are abused, neglected, or exploited each year in domestic settings in the United States. Based on this, there are approximately 11,000 seniors in Montana that are abused, neglected or exploited each year. Studies also suggest that only one out of five cases of abuse are reported to the authorities. Montana's elder rights programs, which include the State Long Term Care Ombudsman and Legal Developer Services as well as Adult Protective Services, strive to protect seniors from known abuses to which they are vulnerable, while providing support to enhance older individuals' right to make choices about their future, to live independently, to participate fully in community life as well as to ensure they are protected and their rights are not violated in long term care facilities. Program activities conserve and extend personal resources, help avoid threats to financial security, and empower older Montanans to make informed decisions about planning for long-term care needs. Montana's elder rights programs aim to ensure that the dignity and independence of our older citizens is maintained, and to support their overwhelming desire to live in their own homes and communities for as long as possible.

Montana's Aging Network is dedicated to promoting consumer awareness, preventing elder victimization, and working to implement community partnerships to prevent fraud, neglect, and abuse. By informing and training senior volunteers, aging network personnel, and health care providers, the Office on Aging wants to make older Montanans and their families better consumers and advocates.

Developing advocates for the elderly is as important as being an advocate for the elderly. Over the past two to three years, the Legal Services Developer program has under gone several changes to help empower people regarding their rights and to advocate for themselves along with providing legal assistance and advocacy on their behalf when they need it.

There are situations and events that happen to people where they find themselves in need of legal assistance or legal advocacy. Sometimes the only assistance they need is the information and assistance to advocate for themselves and their rights. At other times they need legal assistance in order to maintain their independence and protect their rights.

Efforts to keep seniors living in their own homes and participating fully in community life are often undermined by financial exploitation, consumer fraud, abuse and neglect. We can encourage seniors to plan for their long term care needs and make lifestyle changes that will delay or prevent early institutionalization, but these efforts will not be fully realized for seniors who lose their savings or their homes due to scams, financial exploitation or their inability to advocate for themselves or have adequate legal assistance. While fraud and financial exploitation are major threats to the well-being and independence of seniors, their inability to advocate on their own behalf is also a critical threat to their independence.

Goal #6 **Increase access to legal advocacy and assistance for elderly Montanans**.

Rational: The Montana Legal Services Developer in the Office on Aging, provides elder law training and resources for seniors, family members and social outreach workers. The program also develops pro bono and local legal services referrals, training materials and telephone assistance to seniors on related matters.

Developing a legal advocacy program to meet current and future needs of the elderly requires a good working relationship with the State Bar of Montana, local attorneys and Montana Legal Services Association. While Montana Legal Services Association (LSA) focuses on low-income people, there is an increasing need for legal assistance for those low to moderate income individuals. Based on this need for increased advocacy and assistance for clients as well as attorneys regarding elder rights law, including grandparents rights, the Legal Developer Assistance program is working with the State Bar to provide for a pro bono modest means program.

The Legal Service Developer program has developed six components demonstrating the need for a pro bono - modest means program. The six components consist of the following:

1. Legal Education: This component is continually evolving based on the needs and priorities of the Area Agency staff. Attorneys throughout Montana have requested the legal education materials. Currently, the program consists of educational materials such as the Legal Guide, Power of Attorney Made Easy, Elder Law Manual, Advance Directive Made Easy, Probate guide, legal forms such as wills and probate forms, and Credit Card debt.

2. Attorney/Paralegal Program: Area Agency advocates, the public and providers contact the Legal Service Developer regarding legal questions, cases, and information. These components consist of providing legal advocacy, strategy development, education, resources, and legal advice. Legal calls are coordinated by the Legal Service Developer with the caller,

attorney or paralegal and more than one hundred local advocates working for Area Agencies across the state. Attorneys have also utilized the Legal Service Developer program to refer cases which may need legal assistance but not representation. The program involves coordinating cases with more than one hundred local advocates throughout the state.

3. State Bar Continuing Legal Education (CLE) program: The goal of the program is to promote the program and educate attorneys on elder law, while at the same time promoting and gaining support for the pro bono - modest means program. The Legal Service Developer attorney and local advocates participate in CLE's sponsored by the State Bar. Montana attorneys must receive fifteen credits each year to maintain their license in Montana.

4. Legal Training: The Legal Service Developer program provides training for the Area Agency advocates and the public through annual advocate re-certification and training sessions at the Governor's Conference on Aging. The Program also responds to requests from other organizations to present at their conferences regarding elder law. Over the past two years, the Program has been asked to present at the Montana Health Care Association, Home Community Based Services Conference, Gerontology Conference, Montana Hospital Association, Regional Ombudsman meetings, Alzheimer's Association and Quarterly Fraud trainings, etc.

5. Legal Presentations: The Legal Service Developer program has provided legal presentations to the public at the request of the Area Agencies. The legal presentations consist of providing an overview of the types of legal services the public can access which includes educational materials, assistance with legal questions and cases through the attorney/paralegal program, training opportunities and other assistance obtained from the public through a legal survey, their interest and needs. This serves as a critical component for the potential pro bono - modest means program.

6. Legal Clinics: Legal clinics provide an opportunity for elders to have a one on one interview with the Legal Service Developer and the program attorney with the sole purpose of providing local legal assistance. The clinics are coordinated with the Area Agencies. The success of the legal clinics is based on the collaboration with the local Area Agency advocates. Coordination with the local advocates provides follow-up and resolution to many legal issues. Based on the legal clinics we are progressively demonstrating the need to develop the pro bono modest means program.

The Legal Assistance Developer, in coordination with the Montana State Bar, will cooperate and coordinate with the Montana Supreme Court in establishing a self-

help law program administered by the Supreme Court to make Montana's court system more accessible by providing all Montanans with user-friendly information about Montana's civil law, courts, and legal system. This self-help program will be provide state-level, self-help legal resources, tools, information, and training materials on a statewide basis, in a cost-effective manner. This program will emphasize technology and volunteer services; and facilitate the efficient use of judicial resources in civil court proceedings that involve self-represented litigants. The program will provide for the development, maintenance, and availability of self-help legal forms and instructions regarding civil legal proceedings in Montana's courts. The self-help law program must also provide for the development of curriculum and materials suitable for classes and clinics about civil legal proceedings and forms, as well as, the development, updating, and provision of information and training materials for judges, clerks of court, other court officers, judicial branch employees, and volunteers about self-help legal resources and how to assist self-represented litigants in a manner that is impartial, facilitates effective and efficient court operations, and does not constitute providing direct legal representation. Additionally, the establishment and maintenance of multimedia materials that provide information about Montana's civil laws, courts, rules, legal forms, and available legal resources will be developed.

Coordinating the pro bono modest means program with this new self-help law program may enhance the availability of legal services for all Montanans, especially the elderly. Both programs will be developing a pro bono component to coordinate, recruit, and train volunteer attorneys to provide legal advice and direct legal representation to persons with civil legal needs who are unable to pay for those services. Both programs may coordinate and cooperate with other access to justice efforts, such as programs initiated by state or local bar associations, nonprofit legal services organizations, pro bono attorney networks, volunteer programs, and other public or private efforts. And, both programs may also develop and implement an alternative dispute resolution component to their programs.

Objective 6.1 Provide information and education to Montanans regarding elder rights including abuse, neglect and exploitation of the elderly.

Strategies to Accomplish the Objective:

- Coordinate activities with Adult Protective Services and the Area Agencies on Aging to provide training and information on elder abuse, neglect and exploitation.
- Coordinate activities with the State Insurance Commissioner’s Office and the Department of Justice to educate Montanans regarding fraud, exploitation and scam issues.

- Provide information and education on elders rights by utilizing the Aging Horizons TV and newsletter as well as conferences and other training events.
- Continue to provide educational materials such as the Legal Guide, Power of Attorney Made Easy, Elder Law Manual, Advance Directive Made Easy, Probate guide, legal forms such as wills and probate forms, and Credit Card debt.

Objective 6.2 Establish a pro bono modest means legal assistance program statewide.

Strategies to Accomplish the Objective:

- Coordinate activities with the Montana State Bar Association in setting up a pro bono modest means program.
- Develop the criteria for the pro bono modest means program.
- Contract with at least one Area Agency on Aging to set up a pro bono modest means program.
- Contact local attorneys to participate in the program.
- Conduct meetings, training sessions and seminars regarding the program.

Objective 6.3 Assist in establishing a self-help law program administered by the Montana Supreme Court to make the State's court system more accessible by providing all Montanans with user-friendly information about Montana's civil law, courts, and legal system.

Strategies to Accomplish the Objective:

- Coordinate with the Montana Supreme Court in establishing a self-help law program.
- Provide information and training to Montana's elderly and the Aging Network regrading the self-help law program.
- Utilize the ADRC's in providing information and assistance to Montana's elderly regarding legal assistance including the self-help law program.

ISSUE #7 – SERVICES IN FRONTIER AREAS

The Rural Assistance Center identifies frontier areas as the most rural settled places along the rural-urban continuum, with residents far from health care, schools, grocery stores, and other necessities. Frontier is often thought of in terms of population density and distance in minutes and miles to population centers and other resources, such as hospitals. Many frontier counties are located in the West, a part of the country where individual counties tend to cover a large geographic area. Even counties that have a town with a hospital, grocery store, and other services may also encompass areas that are much more rural and isolated, making them frontier counties. Frontier areas face challenges in providing access to health and human services that are even greater than the challenges faced by less isolated rural communities.

Based on information from the Rural Assistance Center, definitions of frontier for specific state and federal programs vary, depending on the purpose of the project being funded. Some of the issues that may be considered in classifying an area as frontier include population density, distance from a population center or specific service, travel time to reach a population center or service, functional association with other places, availability of paved roads, and seasonal changes in access to services. Frontier may be defined at the county level, by ZIP code or by census tract.

The definition of frontier areas, used by the Rural Assistance Center and the National Centers for Frontier Communities, is frontier areas are sparsely populated rural areas that are isolated from population centers and services. Frontier is sometimes defined as places having a population density of six or fewer people per square mile. However, this definition does not take into account some of the other factors that may isolate a community. Therefore, other definitions are more complex and address isolation by considering distance in miles and travel time in minutes to services and consider a maximum population density of not more than 20 people per square mile.

In the National Centers for Frontier Communities report, FRONTIER: A New Definition The Final Report of the Consensus Development Project which was funded by the Office of Rural Health Policy Health Resources and Services Administration Department of Health and Human Services, it states, “It is critical to remember that not all communities with a population density of 20 per square mile would be designated as frontier – only those located more than 60 miles and/or 60 minutes from the nearest market center. Locations with a higher population density are required to have an extreme of time and/or distance to qualify. Most communities at the higher limit of population density will not be frontier, they will be either rural or suburban/urban adjacent.”

The 2000 US Census showed that Montana has 902,129 people scattered over 147,165 square miles. Of these 902,129 people, 459,087 people or 50.89% live in fourteen cities whose populations are 5,000 or more. Of these fourteen cities, seven have populations over 10,000 and only three of these seven have populations which exceed 35,000 people. This means that the majority of Montana’s 56 counties and towns would be considered frontier rather than just rural.

This also means that services to people who live in rural areas, especially for those who live in frontier counties and communities in states like Montana, are going to be one of the major problems facing the Aging Network over the next fifteen to twenty years as our society ages.

Being able to keep people in their own homes for as long as possible is a goal of the aging network, this includes keeping them in their home communities too. Most of Montana's frontier communities do not have the service availability that people may need in order to age in place. This means that the variety of long term care options covering the range from in-home community based services to institutional care are not currently available in frontier Montana.

Goal #7 Increase the variety of long-term care services to frontier counties.

Rational: Services for people living in frontier counties in Montana as well as the rest of the nation are becoming a major issue as these communities continue to increase in 60 and older populations. Increased elderly populations and the distances people as well as service providers, have to travel to give or receive services causes a limit on the availability of services especially for those elderly who are at-risk.

Montana is 255 miles wide, 630 miles long and over 862 miles from the northwest corner to the southeast corner. The distance from Ekalaka, Montana to Eureka, Montana is 789 miles, which is 87 miles further than it is from Chicago to Washington DC. While this demonstrates that Montana is big, the distances between major service communities is critical in addressing people's ability to obtain necessary services. For example, in order to get any kind of major medical services for the 138 people over age 60, which is 33.67% of the total population in Ekalaka, people need to travel 109 miles to Glendive or 115 to Miles City. If their situation is a really serious condition, people could end up traveling to Billings, which is 260 miles away.

In order for some services to be provided to the 115 elderly in Jordan, Montana, providers may have to travel 130 to 190 miles. This would mean that providers would be paying workers salaries for 1 and ½ hours to 2 and ½ hours of driving (windshield) time one way plus mileage. This fact illustrates that the shear distances the elderly in frontier communities have to travel to access necessary services or that service providers have to travel in order to provide the elderly needed long term care services which help keep them in their homes and as independent as possible is in jeopardy without additional funding to cover travel costs.

The question we need to answer is, do we want to keep people in their homes and in their home communities for as long as possible? Or, do we want to let these frontier communities become NORCs - Natural Occurring Retirement Communities, places that become ghost towns because all of the people died off

or had to move because they could not get services in their home town?

Objective 7.1 Advocate for the addition or recognition of a frontier funding factor to the Older Americans Act (OAA) funding allocation to address the service delivery needs of those living in frontier counties.

Strategies to Accomplish the Objective:

- Contact and work with other state units on aging regarding the service and funding needs of the elderly living in frontier counties.
- Contact our congressional delegation to modify the Older Americans Act to recognize a frontier factor in the allocation of Older Americans Act funds.
- Involve other Aging/Elderly Network organizations to build support for additional OAA funding for services to the elderly living in frontier communities.

Objective 7.2 Coordinate activities with the aging network to identify additional state resource needs for the elderly to be considered by of the 2009 legislature.

Strategies to Accomplish the Objective:

- Coordinate with the Governor's Advisory Council, the Area Agencies on Aging, Montana Senior Citizens Association, AARP, Montana Silver Haired Legislature and other retirement groups and associations to conduct a legislative summit focused on aging issues and needs of their constituents.
- Participate in a statewide public hearing by utilizing the State's METNET video conference to solicit input from clients and providers regarding long term care issues.
- Advocate for additional resources for aging and long term care services in the legislative budget process.

Objective 7 .3 Review current State Plan allocation formula to determine if allocation factors need to be changed in order to increase funding levels for services provided in frontier counties.

Strategies to Accomplish the Objective:

- Establish a review committee which is representative of the aging network

1. Review current rural factor in the state's funding allocation formula
2. Request and review information on other state's allocation formula as it relates to rural/frontier factors.
3. Determine what criteria need to be considered in addressing a frontier allocation factor in the states allocation plan..

- Make any recommendations regarding changing the allocation formula to the aging network and the general public for their comments.
- Make necessary state allocation formula changes based on

recommendations of review committee and public comments.

- Submit any changes to the Administration on Aging for their review, input and approval.

ISSUE # 8 TRANSPORTATION SERVICES

To gain prospective on Montana's transportation issues, we need to reiterate that Montana is 255 miles wide, 630 miles long and over 862 miles from the northwest corner to the southeast corner. The distance from Ekalaka, Montana to Eureka, Montana is 789 miles, which is 87 miles further than it is from Chicago to Washington DC. While this demonstrates that Montana is big, the distances between major service communities is critical in addressing the ability of people being able to obtain necessary services. For example, in order to get any kind of major medical services for the 138 people in Ekalaka over age 60, which is 33.67% of their total population, people need to travel 109 miles to Glendive or 115 to Miles City. If their situation is serious, these people could end up traveling to Billings, which is 260 miles away.

Public transportation is limited in Montana. There is no north to south transportation and the east to west options are limited to some bus and airline services. Even these limited services are restricted to the larger towns for airline service and to the major interstate and state highways for bus service. This means that a person needing public transportation may have to travel 50 to 100 miles to connect to air or bus services.

As people age, their eyesight changes and some begin to have difficulty driving in the early morning, early evening and after dark due to night vision issues. In Montana, especially during the fall and winter months, the hours of day light driving is reduced. When a person has to travel several hours one way to get to a doctor, they could be driving home in the dark. If they have night vision problems, this is putting themselves and others on the highways at risk. Or, the alternative is to incur out of pocket cost for meals and lodging while on fixed income for even simple medical appointments.

In rural frontier Montana, the need for transportation is increasing as our society ages. In many of our frontier communities, the elderly population continues to increase while the total population of the community declines. We have 65 communities in Montana whose 65 and older population currently exceeds 20% of their total population. 29 of these communities are over the 25% mark and 9 of them have 65 and older populations greater than 30% of their total populations. As these communities continue to age, will the elderly living there be able to continue to live there? And, if they have to move into a larger community in order to receive services, will they be able to sell their homes? What happens to the small community as their populations decreases or if the sole business owners retire or die? What happens if no one takes over the local grocery store when the owner retires, or if no family takes it over? What if tehre is no one to operate it or can afford to buy it? How do people get services to come to them or get to services when they need them, such as food services?

About 6 years ago, the only grocery store for 30 miles around closed in one of our small towns in north central Montana. This meant that people in that community had to drive at least 30 miles to get groceries. For the elderly and disabled in this community, it meant increased costs of having to travel to the next town to get food and other necessities. For those on limited incomes, their cost of living increased, due to now having to spend more money on gasoline to travel

extra miles rather than a few blocks to get food items.

In frontier states like Montana, transportation is becoming a critical service for the elderly and disabled as we all age. Getting people to services, or services to people, is a transportation issue that is a key to helping people remain independent and in their own home communities for as long as possible.

Goal #8: Assist in developing coordinated transportation in Montana

Rational: In Montana, the Department of Transportation, several divisions in the Department of Public Health and Human Services, and the Veteran's Affairs Division in the Department of Military Affairs deal with transportation issues for the disabled, the elderly, the mentally ill and veterans. In 2000 Department of Public Health and Human Services established the Montana Transportation Partnership, a coalition of clients and providers to begin to address the transportation needs of Montanans from a client perspective rather than a provider prospective. This group, which includes elderly and disabled clients as well as some local providers and state agencies, has worked towards and encouraged coordinated transportation services between various service providers and agencies in order to increase access to and availability of transportation services for Montanans, especially the disabled and the elderly.

During these past 7 years the aging network and the Montana Transportation Partnership have been involved in getting additional funding through the Montana Legislature for additional operating costs for rural Montana transportation programs, has pressed for more coordinated efforts in planning transportation equipment needs by stressing the importance of utilizing and/or establishing local Transportation Advisory Councils (TAC's), and worked with the Montana Department of Transportation in addressing better coordinated transportation systems across Montana. This group as also had members attend training by United We Ride and has utilized some of the materials they provided related to the development of coordinated transportation systems.

While there has been increased access to transportation services through cooperative and coordinated efforts of local providers in some rural counties, there is still work to be done in regards to developing a statewide transportation plan and system that meets the needs of those at-risk and isolated citizens as well as increasing services to those who need transportation assistance. To meet the transportation needs of an aging society, especially in frontier counties, will require planning, coordination, cooperation among clients and providers as well as local and state agencies and organizations.

Objective 8.1 Encourage cooperation in developing coordinated transportation systems in Montana.

Strategies to Accomplish the Objective:

- Continue to work with the Montana Transportation Partnership in developing strategies for increasing rides for Montana's elderly, disabled and veteran populations.
- Continue to work with the Montana Department of Transportation (MDT) in identifying vehicle needs of communities and programs by participating in MDT's vehicle request process.
- Help identify agencies, organizations and individuals to be part of the Montana Transportation Partnership at the state level
- Encourage increase involvement of clients and aging service providers in local transportation planning by providing transportation education and training workshops at the annual Governor's Conference on Aging.

Objective 8.2 Increase the involvement of the aging network in local Transportation Advisory Councils.

Strategies to Accomplish the Objective:

- Provide information and education to senior centers regarding the necessity for transportation coordination in order to increase services.
- Coordinate training and education activities with MDT regarding operating and vehicle replacement criteria and required coordinated local transportation plans when requesting transportation funding from MDT.
- Emphasis the importance of being part of the local TAC's in developing local transportation plans and further developing transportation services within the county.

ISSUE # 9 HOUSING OPTIONS

Senior housing options is a becoming an important issue as our society ages. In the past fifteen to twenty years, we have seen changes in housing options due to the huge increases in assisted living facilities and adult foster homes.

In Montana, assisted living facilities are increasing every month. Over the past 15 years, assisted living facilities have increased from 22 facilities to 187, which is a 750 percent increase. This increase can be expected to continue to increase over the next several years as our society ages. Of these 187 facilities, 106 are located in our 7 most urban communities and the majority of these facilities, 130 of them, are facilities with less than 20 beds.

While there are housing issues for the elderly in our more urbanized communities, there is very limited, if any, options for those living in our more rural and frontier communities. If we are going to enable seniors to remain in their own homes with high quality of life for as long as possible, we will have to include housing options and alternatives as a key component in providing home and community-based services.

Goal #9 Enable seniors to remain in their home communities for as long as possible.

Rational: The communities and counties with the highest percentages of elderly, those over the age of 65, are in our rural/frontier counties. These areas of the state also have the lowest service and housing options available to the citizens who live there.

The 2006 population estimates by the US Census Bureau shows that Montana has 37 counties whose 65 and older population is 16% or more of their total populations. Of these, 10 have 65 and older populations that exceed 20% of their total county populations.

As individual needs change, there will be some people who need or require different housing options in order to maintain their independence. For some modifications to their homes may be all that is necessary. Others may need some additional care or changes in their housing needs, such as a home with no stairs or steps to get into it or to get into various rooms inside the house. Still others may require housing needs which are more geared towards assisted living, congregate living or nursing facility care. The question then comes down to, are these options available for an elderly person in their home community or will they be forced to move, to relocated to a city 30, 50 or 100 miles or more away from their loved ones, families and friends and from their homes to access housing that meets their changing needs?

Objective 9.1 Increase the involvement of the aging network in developing housing alternatives to meet the needs of the elderly as well as the disabled.

Strategies to Accomplish the Objective:

- Encourage the aging network to work with and become a part of the Home Choice Program Coalition in Montana.
- Work with the Independent Living Centers and other organizations to help educate people on housing options and modifications which will allow people to remain independent and at home.
- Encourage Area Agencies on Aging and County Councils on Aging to develop relationships with the Montana Board of Housing, HUD, Rural Housing programs, Home Choice Coalition , Independent Living and other agencies and organizations.

ISSUE # 10 EMERGENCY PREPAREDNESS

All communities are vulnerable to a variety of hazards and senior centers play a role in providing assistance in emergency situations. Over 20 years ago, senior centers became a part of the emergency preparedness plans for most communities in Montana. Two of the reasons for making senior centers part of these plans was that most senior centers could act as emergency shelters and could also operate as emergency food distribution centers to help feed people during emergency situations.

In May of 2007 there was a bomb threat just prior to lunch at the hotel which was hosting the Annual Governor's Conference on Aging. The hotel was evacuated and 250 elderly found themselves outside in the rain. Within minutes, the aging network had buses at the site, loaded the elderly and transported them to the senior center were they were provided a lunch. Forty minutes after receiving the call that they were getting 250 extra people for lunch, the conference attendees were being served a hot meal by the senior center staff.

Senior centers are part of most emergency preparedness plans for their local community or county. Due to staff changes over the years, not all senior center staff are aware or have been adequately trained or updated on emergency management and their role in helping to deal with emergency incidents. Emergency management provides a structure for anticipating and dealing with emergency incidents. Emergency management involves participants at all governmental levels and in the private sector as well. Preparedness activities are geared according to phases before, during, and after emergency events. The effectiveness of emergency management rests on a network of relationships among partners in the system.

Goal # 10: Maintain effective and responsive management within the aging network in administering emergency preparedness and response to older people.

Rational: Emergencies or hazards may come at any time and being prepared to help deal with these kinds of situations is an important part of planning for an aging society.

During the current wild fire season, several hundred people in Montana have been evacuated due to smoke and fire danger to their homes their very lives. In one of the State Ombudsman's visits to a long term care facility in one of these potential dangerous situations, they reviewed the facilities emergency evacuation plan. The facility had a list of the residents: each residents location and their needs for assistance in getting out of the building; a list of the vehicles within the community and their available for evacuations as well as their capability to transport certain kinds of residents - such as wheelchair accessibility; and a list of who to contact in case of emergencies and after the residents has been relocated.

Over the past ten years, senior centers and other aging services programs have worked with local county Disaster and Emergency Disaster Coordinators to identify at-risk elderly living within their communities. With changes in staff

within the aging network as well as increased numbers of elderly, there is a need to ensure that collaboration and coordination of emergency services includes the aging network.

Over the next 15 years, Montana is expected to be in the top three States whose 65 and older population is at least or exceeds 25% of their state's total population. The oldest of the old, those in the 85 and older age group, will also continue to increase and the potential of these at-risk senior citizens needing some assistance during times of disasters, emergencies or other hazards increases.

Objective 10.1 Provide information and training to the aging network regarding emergency management.

Strategies to Accomplish the Objective:

- Encourage the Area Agencies on Aging, Senior Centers and other aging network organizations to take the Professional Development Series course offered by the Federal Emergency Management Agency (FEMA).
- Utilize the annual Governor's Conference on Aging to introduce people to the fundamentals of emergency management as an integrated system, surveying how the resources and capabilities of all functions at all levels can be networked together to function in all phases for hazards and disaster situations.

Objective 10.2 Ensure the aging network is involved with the local emergency planning efforts in their county.

Strategies to Accomplish the Objective:

- Work with Area Agencies on Aging, Senior Center staff and other aging services providers to be on their local Emergency Planning Committee (LEPC).
- Encourage Area Agencies on Aging and Senior Centers to designate someone as their official emergency preparedness contact.
- Develop a format to assist the aging network in tracking the most at-risk elderly who need assistance in times of disasters or emergencies in their county or community.
- Coordinate senior transportation services with LEPC's regarding use of vehicles in times of disasters and emergencies.

ATTACHMENT A

Listing of State Plan Assurances and Required Activities
Older Americans Act, As Amended in 2000

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

ASSURANCES

Sec. 305(a) - (c),
ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the

area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (transportation, health services including mental health services, outreach,
information and assistance, and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(c) legal assistance;
and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(c) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public

agencies and nonprofit private organizations
(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
(i) the identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

(13)(c) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-
1. to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
2. in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(c) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is

prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative

programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(c) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multi generational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to

pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(c), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:
(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private

programs and resources (including volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:
(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency–
(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

_____ _____

BRIAN SCHWEITZER Date
Governor

ATTACHMENT B

STATE PLAN PROVISIONS AND INFORMATION REQUIREMENTS

The following provisions and information requirements are listed in the indicated sections of the Older Americans Act, as amended in 2006. State Plans may address the provisions and information requirements in a format determined by each State.

Section I. State Plan Information Requirements

Information required by Sections 102, 305, 307 and 705 that must be provided in the State Plan:

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))
The term "in-home services" includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

RESPONSE: *The State uses the same definition for in-home services as defined in Section 102 (30) of the Older Americans Act of 1965 as amended in 2006.*

Section 305(a)(2)(E)
provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

RESPONSE*: Montana's largest low-income minority group is our Native American population who live in rural/frontier areas of our state. As discussed in various parts of the state plan, services for the elderly living in our frontier communities will be a priority over the next four years. Continuing to work with the Title VI program directors will be part of this process to insure we can help meet the needs of all the at-risk elderly in frontier Montana.*

Section 306 (17)
Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and

other institutions that have responsibility for disaster relief service delivery.

***RESPONSE**: As addressed in Issue #10, all communities are vulnerable to a variety of hazards or emergency situations and senior centers have been and will continue to be an important part of emergency preparedness in our state.*

Section 307(a)

(2) The plan shall provide that the State agency will:
(c) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(b) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) *(Note: those categories are access, in-home, and legal assistance).*

***RESPONSE**: The State reviews each area plan and budget annually to insure that each Area Agency on Aging is allocating funds for access (10%), in-home (10%) and legal assistance (4%).*

Section (307(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); *(Note: the "statement and demonstration" are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)*

(B) with respect to services for older individuals residing in rural areas:

(I) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

***RESPONSE**: Most of Montana is rural, in fact 49 of our 56 counties are actually considered frontier. In addressing the distribution of funding to insure that we meet this assurance, Montana's funding formula, which is attached, has a rural factor incorporated into it. And with*

the increasing number of elderly in frontier Montana, we are going to review the funding formula during this plan period to assure we are addressing this requirement as well as trying to keep people in their homes and home communities.

Section 307(a)(8)) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

***RESPONSE**:* Case management services are offered in each Area and 9 of the 10 Area Agencies on Aging are case management providers under the State's Home and Community Based Waiver program.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

***RESPONSE**:* Objective #1 deals with information and assistance. Under this objective, Montana is beginning to move into an ADRC model for information and assistance. Under this scenario, area agencies will continue to be allowed to provide information and assistance services as well as outreach.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

***RESPONSE**:* The state's funding formula uses a rural factor in allocating funds under the Older Americans Act. As indicated throughout the plan and especially in Issue # 7, meeting the needs of the elderly in frontier Montana is going to be a challenge as the elderly population increases and the younger populations in those communities decrease.

Section 307(a)(21)
The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title *(title III),* if applicable, and specify the ways in which the State agency intends to implement the activities .

***RESPONSE**: The majority of Tribal elders live in frontier Montana. We will address the needs of all elderly Montanans in this plan as we look at issues facing services for those elderly who live in frontier Montana. Area Agencies on Aging will continue to work and coordinate services with the Title VI programs on all of the Reservations. We would note that several of the Title III and Title VI directors are the same person on our Reservations and that one of the Title VI directors was just appointed to serve on the Governor's Advisory Council on Aging.*

Section 307 (28)
(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
(B) Such assessment may include—
(I) the projected change in the number of older individuals in the State;
(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

***RESPONSE:** As indicated in the INTRODUCTION, Montana is aging at a faster rate than most of the other states in the Union. Over the past several years, we have been working on preparing and planning for the future needs of an aging society and for the time when Montana will have the 3rd highest percentage of elderly in the nation. The Governor with the support of the Aging Network was successful in getting passed during the 2007 State Legislature was the Older Montanans Trust Fund which begins to set aside funds for future services for older Montanans as our state continues to age. While the Trust Fund was started with a one time commitment of $5 million, it is anticipated that a permanent funding source will be*

developed and the fund will continue to grow over the next ten years. The interest from this fund will be available to be appropriated to help provide services for our elders as this population increases.

Section 307 (29)
The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

RESPONSE: See Issue #10 of the plan.

Section 307 (30)
The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

RESPONSE: *the State Unit on Aging is included as part of the Department of Public Health and Human Services's Emergency Preparedness Plan. Additionally, one of the State Unit on Aging's staff is on the State's emergency communications response unit. Staff, also participate in emergency response training*.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:
(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). (Note: Paragraphs (1) of through (6) of this section are listed below)

RESPONSE*: This has been addressed in Issue #2 and Issue #6.*

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (I) through (iv) of section 712(a)(5)(c), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
(I) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(I) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

RESPONSE: *The State* assures that the State Unit on Aging will:

(1) establish programs in accordance with the requirements of the chapter 307 and this chapter;
(2) hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
(3) in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
(5) place no restrictions, other than the requirements referred to in clauses (I) through (iv) of section 712(a)(5)(c), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
(6) with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
(A) in carrying out such programs conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

ATTACHMENT C – FUNDING FORMULA

A. ALLOCATION OF FUNDING (a) Intra-State Funding Formula(70/20/1 0 Method)

The following is the procedure used by the Department of Public Health and Human Services' Aging Services Bureau in allocating funds (Federal and State) to Area Agencies on Aging and other providers for FY2008, FY2009, FY2010 and FY2011.

(1) Program Base -$6,363 each ($63,630 in Total) for the ten (10) Area Agencies for III B (Social Services) and III C1 (Congregate Meals) .

(2) Rural Base -To recognize the cost of providing services in rural areas, a rural base was established by County/Reservation population from the following chart:

60+ Co/Reservation Population	Class	III - B	III - C1	III - C2	III-D
0 - 100	A	$2,000	$2,000	$ 500	$ 50
101 - 500	B	3,000	3,000	1,000	100
501 - 2,000	C	6,000	6,000	1,500	150
2,001 - 5,000	D	7,500	7,500	2,000	200
5,000 +	E	8,500	8,500	2,500	250

(3) Remaining Funds: After steps 1 and 2 above, the remaining funds are distributed on the following fonnula:

- 70% for percent of 60 plus population
- 20% for percent of 60 plus low-income
- 10% for percent of 60 plus minority

(4) Administration Funds

(a) An Administration Base of $12,000 for each of the seven (7) multi-county/reservation Area Agencies and $1,200 to the three (3) Single County Area Agencies for III B (Social Services) and III C1 (Congregate Meals) .

The balance of Administration Funds for III B and III C 1 funds are distributed on the 70/20/10 formula.

(b) Title III C2, Title III E and State Program Administration funds are distributed on a straight 10% of funds allowable.

(B) The above 70/20/10 Funding Formula was reviewed by the Intra-State Funding Fonnula Task Force and approved by the Aging Services Bureau. The Task Force

consisted of Multi-County Area Agency Directors, Single County Directors,Governor's Advisory Council on Aging representative, Governor's Coordinator on Aging, representative of the Center of Gerontology and Aging Services Bureau staff.

(a) The State Plan Task Force, which consisted of four Area Agency Directors, a member of the Governor's Advisory Council, Legal Developer and two Aging Services Bureau staff, determined that the following percentages of Title III B funds would be mandated to meet the requirements of the Older Americans Act.

Access Services -10% of each Area's total Title III B program allocation. In-Home Services- 10% of each Area's total Title III B program allocation.
Legal Assistance- 4% of each Area's Title III B program allocation.

(b) The Ombudsman program is an area of focus and funds will be set aside specifically for them in addition to the mandated percentage requirements listed above.

(c) With respect to services for older individuals residing in rural areas, the State will not allocate nor can an Area Agency spend less than the amount expended for services in rural areas in fiscal year 2000.

(d) Based upon FY06 funding levels, the following schedule identifies how funds will tentatively be allocated to the ten (l0) Area Agencies for FY2008-11.

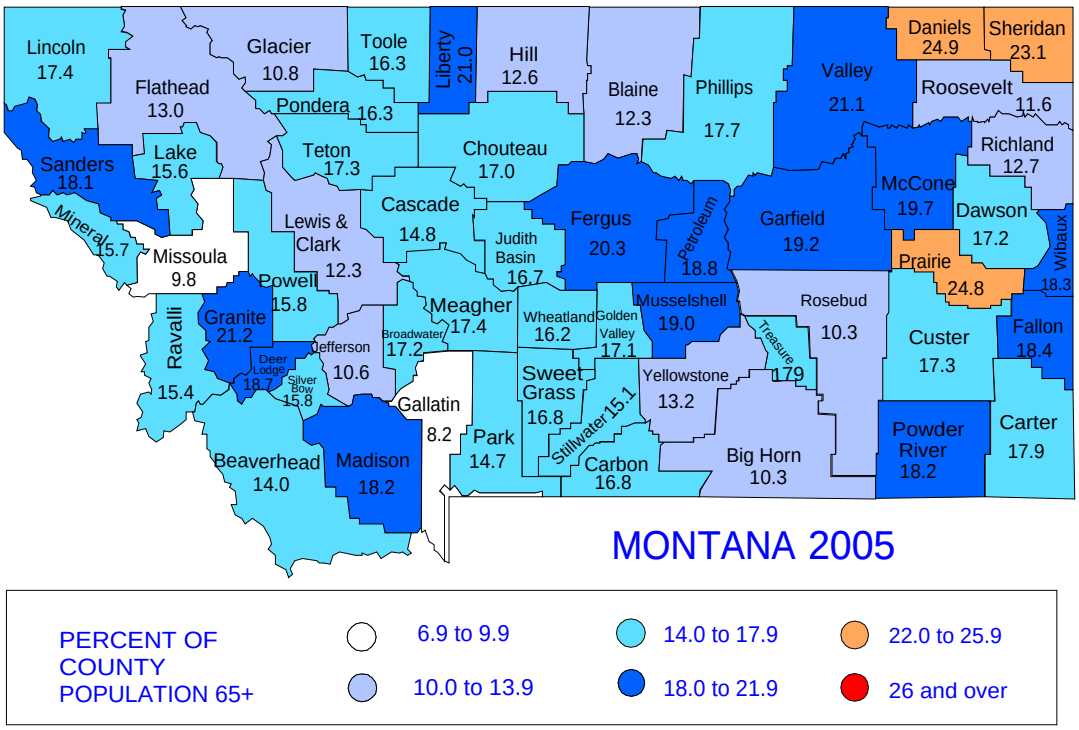
STATE FISCAL YEAR 2007
AS OF
NOVEMBER 8, 2006

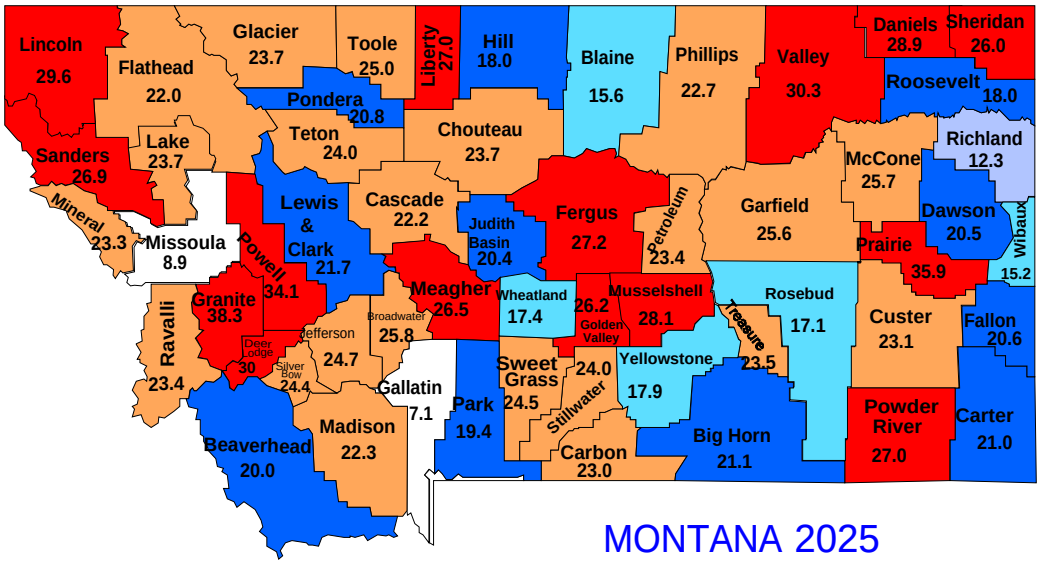
I	II	III	IV	V	VI	VIII	IX	X	XI	TOTALS
189,361	249,385	113,242	145,720	114,572	112,147	85,387	73,915	32,657	118,071	1,234,458
5,415	6,340	4,627	3,952	1,500	4,612	3,000	3,150	1,904	3,000	37,500
242,549	345,849	145,178	202,865	153,605	154,065	125,736	107,707	41,687	172,266	1,691,508
105,218	166,324	61,485	97,695	69,718	71,421	63,722	53,767	16,707	87,221	793,278
13,658	22,310	8,034	13,134	9,270	9,290	8,749	7,367	2,203	11,914	105,929
92,386	137,849	56,330	83,424	61,987	61,867	55,518	47,929	19,812	74,017	691,119
48,515	54,736	0	49,891	29,450	50,046	76,915	7,230	0	11,266	328,051
4,238	*5,240*	*2,374*	*3,020*	*2,362*	*2,323*	*1,606*	*1,385*	*604*	*2,321*	*25,473*
3,400	*4,482*	*1,937*	*2,517*	*1,944*	*1,894*	*1,572*	*1,361*	*604*	*0*	*19,711*
5,812	*10,394*	*3,530*	*6,183*	*4,225*	*0*	*4,383*	*3,659*	*993*	*5,871*	*45,050*
145,999	170,334	63,425	108,377	86,234	44,369	106,736	74,294	39,683	96,662	936,113
77,797	111,138	47,698	67,734	51,376	51,164	44,536	38,788	17,614	59,154	567,000
34,829	33,277	21,882	21,597	19,862	19,384	11,952	11,505	10,316	15,396	200,000
28,817	40,829	15,909	23,131	16,874	16,491	14,689	12,361	4,196	20,077	193,374
984,544	1,338,371	537,810	817,520	614,448	594,857	596,941	438,013	186,779	669,044	6,778,330
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	10,000
(19,343)	(25,306)	(16,412)	(19,885)	(17,386)	(17,431)	(6,768)	(5,863)	(2,447)	(19,478)	(150,318)
(21,864)	(29,875)	(17,927)	(22,592)	(19,235)	(19,296)	(8,680)	(7,464)	(2,875)	(22,046)	(171,854)
(10,754)	(17,048)	(6,290)	(10,017)	(7,141)	(7,142)	(6,548)	(5,523)	(1,710)	(8,957)	(81,130)
(9,239)	(13,785)	(5,633)	(8,342)	(6,199)	(6,187)	(5,552)	(4,793)	(1,981)	(7,402)	(69,112)
(22,600)	(25,033)	(16,602)	(18,838)	(16,623)	(12,437)	(16,415)	(15,429)	(11,968)	(17,666)	(173,611)
(84,799)	(112,046)	(63,864)	(80,674)	(67,583)	(63,493)	(44,964)	(40,071)	(21,982)	(76,549)	(656,024)

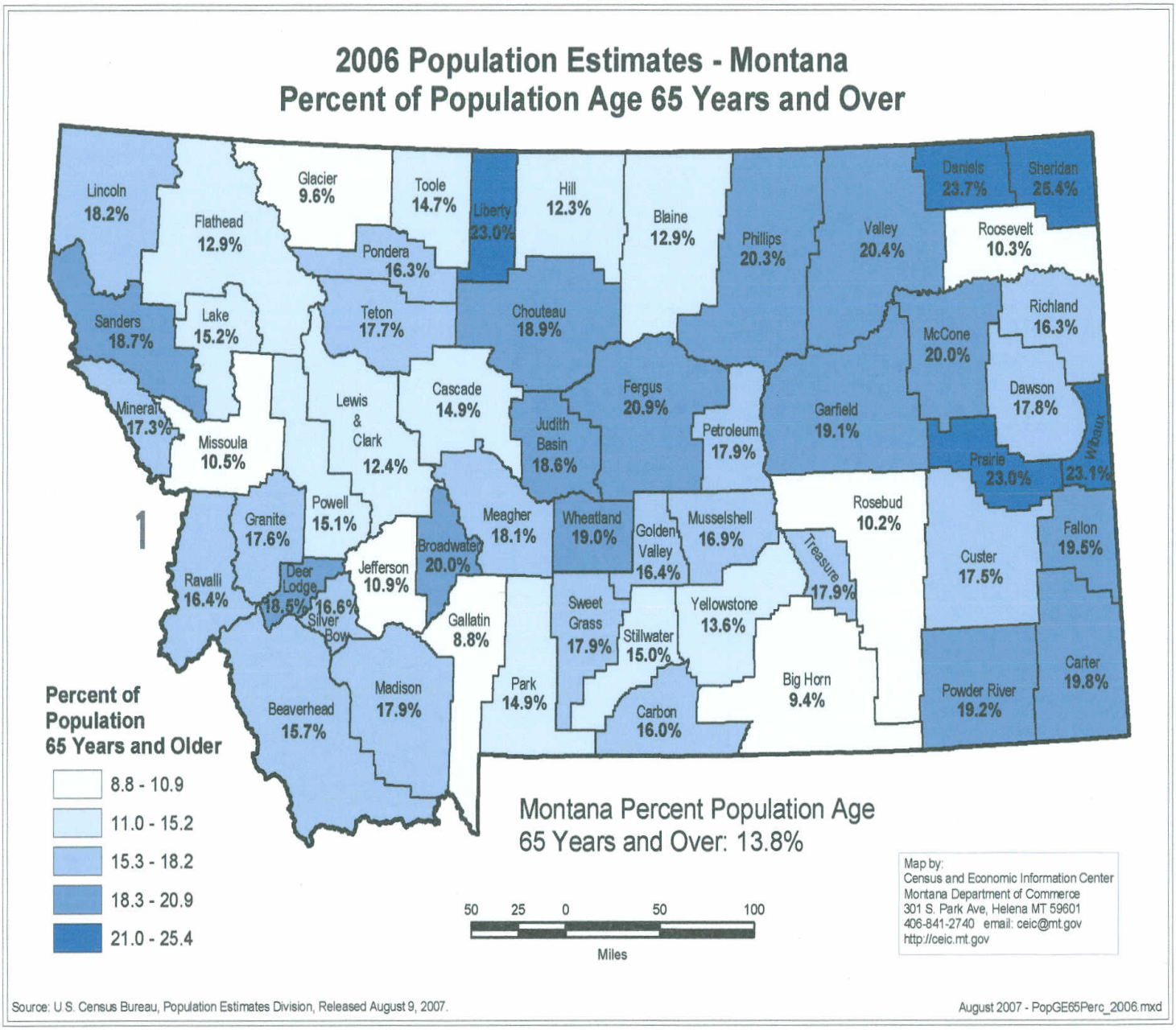
ADMINISTRATIVE DOLLARS USED (other than III-A) MUST BE SUBTRACTED FROM THE FIGURES IN THE UPPER PORTION OF THE FORM.
STATE ADMIN DOLLARS CONSIST OF: 10% OF STATE GF, PLUS $5,000 FOR ST HDMLS AND $3,000 FOR ST CAREGIVER.
THE $567,000 OF ST HDMLS INCLUDES THE $257,000 SPECIAL FUNDS.
LEGAL: AMOUNT OF III-B FUNDS TO DEDUCT IF PARTICIPATING IN LEGAL CONTRACT.

ATTACHMENT D - MAPS

PERCENTAGE OF 65 YEARS OF AGE AND OLDER BY COUNTY






2006 Population Estimates - Montana
Percent of Population Age 65 Years and Over
Lincoln 18.2%
Flathead 12.9%
Glacier 9.6%
Toole 14.7%
Liberty 23.0%
Hill 12.3%
Blaine 12.9%
Phillips 20.3%
Valley 20.4%
Daniels 23.7%
Sheridan 25.4%
Roosevelt 10.3%
Pondera 16.3%
Teton 17.7%
Chouteau 18.9%
Sanders 18.7%
Lake 15.2%
Richland 16.3%
McCone 20.0%
Dawson 17.8%
Wibaux 23.1%
Prairie 23.0%
Garfield 19.1%
Petroleum 17.9%
Fergus 20.9%
Judith Basin 18.6%
Cascade 14.9%
Lewis & Clark 12.4%
Mineral 17.3%
Missoula 10.5%
Powell 15.1%
Granite 17.6%
Ravalli 16.4%
Deer Lodge 18.5%
Silver Bow 16.6%
Jefferson 10.9%
Broadwater 20.0%
Meagher 18.1%
Wheatland 19.0%
Golden Valley 16.4%
Musselshell 16.9%
Rosebud 10.2%
Treasure 17.9%
Custer 17.5%
Fallon 19.5%
Carter 19.8%
Powder River 19.2%
Big Horn 9.4%
Yellowstone 13.6%
Stillwater 15.0%
Sweet Grass 17.9%
Gallatin 8.8%
Park 14.9%
Carbon 16.0%
Madison 17.9%
Beaverhead 15.7%
1
Percent of Population 65 Years and Older
8.8 - 10.9
11.0 - 15.2
15.3 - 18.2
18.3 - 20.9
21.0 - 25.4
Montana Percent Population Age 65 Years and Over: 13.8%
50 25 0 50 100
Miles
Map by:
Census and Economic Information Center
Montana Department of Commerce
301 S. Park Ave, Helena MT 59601
406-841-2740 email: ceic@mt.gov
http://ceic.mt.gov
Source: U.S. Census Bureau, Population Estimates Division, Released August 9, 2007.
August 2007 - PopGE65Perc_2006.mxd